

Chapter				
Chapter 17 A1: Medical Questionnaire and Informed Consent				
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Medical Questionnaire	Donation Number

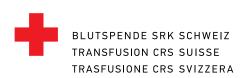
You have just read the **information sheet for blood donors** and have declared your willingness to donate blood. Please answer the following questions truthfully by putting a cross in the Yes or No box, as appropriate. This will help considerably to minimise the remaining risks to your own safety and that of the patients who will receive your blood.

Consent form to be completed and signed by the donor:

- I hereby consent to donate my blood.
- I confirm by my signature that I have thoroughly read and understood all of the information sheet for blood donors and that any queries
 were satisfactorily answered.
- I confirm that my personal data are correct and that the answers to all questions are true and accurate.
- I consent that the blood I donate undergoes testing, which may include genetic methods if necessary, and that a sample of my blood will
 be stored for possible subsequent tests according to the Federal law on therapeutic products. I agree to be informed about abnormal
 results.
- I am aware that part of my donation may be used for the preparation of medicinal products.
- Personal information given in connection with blood donation is subject to medical secrecy. It may only be used within Swiss Transfusion SRC (T-CH) and the Regional Blood Transfusion Service (RBTS). The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.

Nam	e: First name:	Date of birth:	Date:	Signature:			
					Yes	No	Initi als
1.	Have you ever donated blood in the	ne past? If so, give	date of last donation	Where?			
2.	Do you weigh more than 50 kg (o	110 lbs)?					
3.	Are you in good health at present	?					
4.	Have you been treated by a denti-	st or dental hygienist	in the past 72 hours?				
5.	During the past 4 weeks, have yo than 38°C (or 100°F)?	u received medical ca	are or had a temperature of n	nore			
6.	a) During the past 4 weeks, have without prescription? If so, plea		ne (tablets, injections, suppo	ositories) – including			
	b) During the past 4 weeks, have Finacapil®, Propecia® or Proscar Toctino®)?						
	c) During the past 6 months, have Duodart®)?	you taken medicine	to treat prostate enlargemen	t (e.g. Avodart® or			
	d) During the past 3 years, have y (treatment for basal cell carcinom		®, Acicutan® (treatment of p	osoriasis) or Erivedge®			
7.	a) Have you ever received any im	munotherapy (cells o	r serum of human or animal	origin)?			
	b) During the past 12 months, have	ve you been vaccinate	ed to prevent rabies or tetan	us?			
	c) During the past 4 weeks, have If so, please specify						
8.	Have you ever had any of the hea a) Cardiac/circulatory or lung dise ministroke (TIA), loss of conscious	ase (e.g. high/low blo		reathing difficulty, stroke,			
	b) Skin disease (e.g. wound, rash	, eczema) or allergy (e.g. hay fever, asthma, med	icines)?			
	c) Other diseases (diabetes, blood neurological disease, epilepsy, ca		n disease, vascular disease,	kidney disease,			
9.	During the past 3 years or since y ☐ an illness? ☐ an accident		on, have you had				
10.	a) Have you ever received graft(s	of human or animal	tissues or have you ever had	d an organ transplant?			
	b) Have you ever had any brain o	spinal cord surgery?					
	c) Before 1.1.1986, were you ever	treated with growth h	normones?				
	d) Have you or has any member of	of your family had con	firmed or suspected Creutzf	eldt-Jakob disease?			
	e) Between 1.1.1980 and 31.12.1 (UK) (England, Wales, Scotland, I Islands)?						

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		Yes	No	Initi als
	f) Have you received one or more blood transfusions since 1.1.1980?			
11.	During the past 6 months, did you travel outside Switzerland? a) If yes, where? When did you return to Switzerland? b) Did you have any clinical symptoms (e.g. fever) during your stay abroad or since your return? Yes No If yes, please specify			
12.	a) Were you born outside Europe, did you grow up there or did you live there for 6 months or more? If yes, in which country? If yes, since when have you lived in Europe?			
	b) Was your mother born outside Europe, did she grow up there or did she live there for more than 6 months? If yes, in which country?			
13.	a) Have you had in the last - 6 months:			
	b) Have you ever had any of the following diseases: ☐ malaria ☐ Chagas disease ☐ brucellosis ☐ echinococcosis ☐ leishmaniosis ☐ lymphogranuloma venereum ☐ filariasis ☐ Q fever ☐ babesiosis ☐ Ebola If yes, when?			
	c) Have you ever had another serious infectious disease? If yes, which? When?			
	d) Have you had a tick bite or been in contact with infectious diseases in the past 4 weeks? If yes, please specifiy?			
14.	During the past 4 months, have you undergone: ☐ tattooing, ☐ gastroscopy, colonoscopy, ☐ acupuncture, ☐ electric epilation, ☐ permanent make-up, ☐ body piercing, ☐ contact with foreign blood (a stitch wound, blood splash hitting the eyes, mouth or another part of the body)? If so, when?			
15.	Have you ever had jaundice (hepatitis) or a positive test for hepatitis?			
16.	Has your usual sexual partner had jaundice (hepatitis) or a Zika infection during the past 3 months?			
17.	 Have you been exposed to any of the following risk situations? Change of sexual partner in the past 4 months Sexual intercourse (with or without protection) with several partners in the past 12 months During the past 12 months, stayed for 6 months or longer in countries with a high HIV rate Sexual intercourse for money, drugs or medication Drug injection at present or in the past Positive test for HIV (AIDS), syphilis or jaundice (hepatitis B or C) Life, or sex partner or roommate who had contracted jaundice in the past 6 months Men only: Sexual intercourse between men ever in the past 12 months 			
18.	 During the past 12 months, have you had sexual intercourse with partners who were exposed to any of the risk situations listed in question 17 received blood transfusions in countries where HIV is epidemic 			
19.	Women only: Have you ever been pregnant? If yes, state the date of your last pregnancy Before 1.1.1986, did you receive hormone injections for infertility treatment?			
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